OR SUMMARIES

India
Community Involvement

OR Summary 52

Broad Representation Supports Credibility of Village Committees

Community-chosen village health committees collaborated successfully with health officials to develop community health awareness activities. Most of the committees leveraged additional local support and continued to function after the project ended. Broad representation of local populations increased the committee's credibility among communities.

Background

India's decentralized reproductive and child health program directs health workers to involve village leaders to promote community participation in the program. Evaluations have shown, however, that community involvement in the program has not been achieved. In response, from 2000 to 2002 the Foundation for Research in Health Systems (FRHS), a nongovernmental organization (NGO), with support from FRONTIERS, tested a new community-based health committee model in Karnataka state in southwestern India.

Sixty-four village health committees, each with about 15 members, were formed in a rural subdistrict of Mysore. Committee members were chosen from clusters of 50-60 households representing the various castes and communities of 216 villages. The roles of village health committees were to: (1) undertake activities to create health awareness about existing and new health services; (2) foster understanding between community members and government health staff; and (3) participate in the development of action plans to meet local health needs.

The study also sought to identify the best way to form village committees. Committees were formed through four processes: (1) council meetings during which community members suggested candidates; (2) nomination by health workers and local leaders; (3) nomination by local government representatives; and (4) nomination by health workers and members of community-based organizations.

Photo credit: FRHS

Gynecology Camp organized with Vivekananda Memorial Hospital at a village sub-health center.

Facilitators from FHRS provided guidance to the committees and helped to develop activities. The project provided logistical support including small one-time activity grants and help with a monthly newsletter. To measure the impact on the knowledge and use of reproductive and child health, researchers conducted pre- and post-intervention surveys of 1000 women of reproductive age, and interviews with health staff, committee members, and local leaders. They also assessed aspects of committee function such as inclusion of disadvantaged populations, community acceptance, and committee performance.

Findings

◆The health committees were successful in creating health awareness. The majority of the committees (57 of 64) organized programs—172 over a period of 10 months with attendance range

from 50 to 350 participants. Over 40 percent of the households surveyed knew of or participated in activities organized by the committees. Activities and programs included adolescent reproductive health (35), antenatal care (32), maternal nutrition (28), diarrhea control (13), local cleanups (11), eye checkups (5), and services for children of poor families (5).

◆ Two-thirds of the 57 active committees mobilized local resources from community and religious groups. Over half of the active committees also developed networking relationships with other community-based organizations, NGOs, and local governments. Some committees organized joint programs to reduce costs and leverage more resources.

◆ Awareness and use of services increased, often significantly. The largest gains were in the proportion of institutional deliveries, deliveries attended by a health professional, and women seeking treatment for reproductive tract infections (see Table). Communities in the area showed similar gains in indicators.

Changes in reproductive health behavior in the experimental group (percent)

	Baseline n=1,057	Final n=1,050
Family planning use	72	75
Use of antenatal care services	95	97
Institutional delivery	32	39*
Delivery attended by health professionals	40	49*
Sought treatment for RTI	32	56*

* p<.05

◆ The process of building the credibility of the committees took up to 10 months and increased as the committees began organizing programs.

The committee members' incentive was the public appreciation they received through local media, newsletters, and meetings of committee presidents. Overall, the committees formed good relationships with community leaders.

◆ Committees formed through council meetings were best at representing women and the poor and were most acceptable to communities, but their formation was lengthy and demanded more time from the facilitators. Nomination by health workers was the fastest way of forming committees, but committees formed this way were less productive overall. Committees formed by local government representatives conducted the greatest number of activities, but were less easily accepted by communities and included the lowest proportion of women.

◆ One year after the project's end, 61 of the committees formed were still active with minimal involvement of a community facilitator.

Policy Implications

◆ The village committee approach can be a valid way of addressing a broad array of health issues, but may not be the best way of targeting a specific health problem if it does not correspond to community interests.

◆ Sustainability of this model will require commitment to the diversity of committee members and to the apolitical, collegial nature of the collaboration with health workers. Scale-up of the model is possible with minimal NGO support.

June 2005

Source: Foundation for Research in Health Systems. 2004. "Community involvement in reproductive health: Findings from research in Karnataka, India," *FRONTIERS Final Report*. Washington, DC: Population Council. Available on our website at www.popcouncil.org/frontiers/frontiersfinalrpts.html or by e-mail: frontiers@pcdc.org

This project was conducted with support from the U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT under Cooperative Agreement Number HRN-A-00-98-00012-00.

Population Council

FRONTIERS IN REPRODUCTIVE HEALTH
4301 Connecticut Avenue, N.W., Suite 280, Washington, D.C. 20008 USA
TEL: 202-237-9400 FAX: 202-237-8410 E-MAIL: frontiers@pcdc.org WEBSITE: www.popcouncil.org